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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: SHAIK RAMJAN VALI, et al

Serial No.: 09/820,200

Group No.: 1614

Filed: March 28, 2001

Examiner: DELACROIX MUIRHÉI, CYBILLE

For: A PROCESS FOR THE ISOLATION OF GLYCOLIPIDS

**Assistant Commissioner for Patents  
Washington, D.C. 20231**

**AMENDMENT**

Dear Sirs:

In response to the Official Action of September 30, 2002, it is requested that the application be amended as follows:

**In the Claims**

Please rewrite the following claims to read as follows:

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**CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10\***

*(When using Express Mail, the Express Mail label number is mandatory;  
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**

deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

**37 C.F.R. 1.8(a)**

with sufficient postage as first class mail.

**37 C.F.R. 1.10\***

as "Express Mail Post Office to Addressee"  
Mailing Label No. \_\_\_\_\_  
(mandatory)

**TRANSMISSION**

transmitted by facsimile to the Patent and Trademark Office.

**Signature**

Cynthia R. Miller

*(type or print name of person certifying)*

Date: October 25, 2002

**\*WARNING:** *Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. 1.10(b).*

*"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.*

Practitioner's Docket No. U 013349-7

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of **SHAIK RAMJAN VALI, et al**

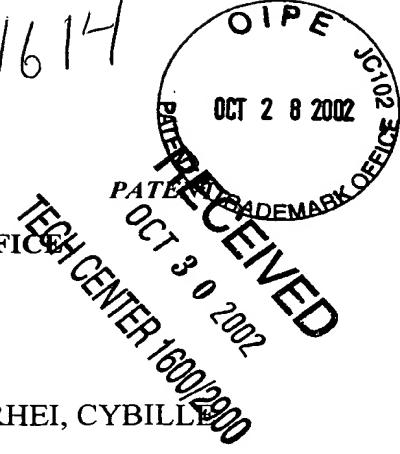
Serial No.: 09/820,200 Group No.: 1614

Filed: March 28, 2001 Examiner: DELACROIX MUIRHEI, CYBILLE

For: A PROCESS FOR THE ISOLATION OF GLYCOLIPIDS

**Assistant commissioner for Patents**

**Washington, D.C. 20231**



**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is

- a small entity. A statement:
  - is attached.
  - was already filed.
- other than a small entity.

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**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))**

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**

- deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

**FACSIMILE**

- transmitted by facsimile to the Patent and Trademark Office.

Date: October 25, 2002

CYNTHIA R. MILLER

(type or print name of person certifying)

## EXTENSION OF TERM

**NOTE:** "Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

*If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).*

**NOTE:** See 37 C.F.R. 1.645 for extensions of time in interference proceedings, and 37 C.F.R. 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

*(complete (a) or (b), as applicable)*

(a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 400.00	\$ 200.00
<input type="checkbox"/> three months	\$ 920.00	\$ 460.00
<input type="checkbox"/> four months	\$ 1,440.00	\$ 720.00

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(check and complete the next item, if applicable)*

An extension for \_\_\_\_\_ months has already been secured. The fee paid therefor of  
\$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now  
requested.

Extension fee due with this request \$ \_\_\_\_\_

**OR**

(b)  Applicant believes that no extension of term is required. However, this is a  
conditional petition being made to provide for the possibility that applicant has  
inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY			
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Addit. Fee		
Total	*	Minus	**	=	x \$ 9 =	\$		
Indep.	*	Minus	***	=	x \$42 =	\$		
<input type="checkbox"/> First Presentation of Multiple Dependent Claim				+ \$140 =	\$	+ \$280 =	\$	
				Total Addit. Fee	\$	OR	Total Addit. Fee	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**WARNING:** *"After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).*

*(complete (c) or (d), as applicable)*

(c)  No additional fee for claims is required.

**OR**

(d)  Total additional fee for claims required \$ \_\_\_\_\_.

## FEE PAYMENT

5.  Attached is a check in the sum of \$ \_\_\_\_\_.

Charge Account No. 12-0425 the sum of \$ \_\_\_\_\_.  
A duplicate of this transmittal is attached.

## FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6.  If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

If any additional fee for claims is required, charge Account No. 12-0425



SIGNATURE OF PRACTITIONER

Reg. No. 34,678

CYNTHIA R. MILLER

(type or print name of practitioner)

Tel. No. (212) 708-1914

P.O. Address

Customer No.

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New York, N.Y. 10023